The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME VI WINTER, 1948 Number 4

# New Year Prescription

Perhaps you noticed the admonition recently publicized by that New York citizen — or was he a collaborator in the U. N? — to stop blaspheming and use to better advantage the pauses enforced by the red traffic lights of modern usage. To pause mentally, in fact, as well as bodily, and ask yourself why all the hurry; or is your errand more pressing than that of the Joan Doe ahead of you who does not try to beat the starting gun every time? Or have you this day been unduly "splenitive or rash"? In other words, stop, take stock in the midst of a world from which such moments have almost been eliminated by exigencies of mechanistic devising and a tempo that inhibits contemplation, — if for nothing better than to sit, as my brother-in-law quaintly holds, and "let your brains run out".

The worthy follower of Hippocrates particularly needs such moments, for it is not enough to pause in the busy press of problems and their solutions to learn from experience in clinical seminars and post mortem check-ups, valuable as they are. He requires more than the bread of his technical kneading to sustain that inner life — without which the continuous demands of medical practice would become an unbearably dreary round.

Pity the poor specialists, particularly those that do not break the stream of appointed cases in their offices day in and day out. The general practitioner's life is infinitely richer — or should be — regardless of the size of the year-end tax returns. He has time enough between calls to digest his observations and balance the pros against the cons. Above all he can look within himself to see if all is well before he rings the door bell on his next unknown equation. He may even have the time and the trained eyes to spot the pair of song sparrows in the flock of noisier "townies"* by the door step; and to lose himself for the moment in wonderment over the prank of nature that detained these songsters in New England's frosty December when they should have journeyed South with their feathered kin at the end of October. At some later moment when the telephone lapses into silence long enough, he will consult the buckram-bound authorities and learn that instead the birds have dropped in for the winter from regions further north. He will see that there is order in the realm of nature after all, and understand once more that he must not jump at conclusions. And if as a boy he went to the right sort of school, he may recall that "there's a special providence in the fall of a sparrow". And he gains hope that there's one that watches over doctors and their patients, too.

These then are the pauses that can slake the inner thirst. Stop with the red light, by all means! Then, go ahead on the green, but go better than you went before.

Self medication, some might call it, but as for me, I could use plenty myself for 1948!

—— S. Q. Lapius.

* Passer Domesticus Domesticus (Linnaeus)

# Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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Note: Just as we breasted the deadline, the Rev. Dr. Norman Vincent Peale of the Marble Collegiate Reformed Church was discovered to be the proponent of the prayerful pause. Thanks are due for this revelation to the *New Yorker's Talker-of-the-Town*, tongue-in-cheek as is his wont, (if not thumb-at-nose). The devils advocate may be credited with an assist at New Years.

ED.

## Cancer

I

At the Council meeting which will take place on February 4 of this year, the report of the Cancer Committee will be again taken up. Due to poor comprehension the previous report of this committee was laid on the table of the last Council meeting.

Most of us are not familiar with this cancer problem and the HIPPOCRAT is outlining the entire business as we see it.


Address Correspondence to:
Dr. W. A. R. Chapin
121 Chestnut Street, Springfield, Mass.
Telephone 2-7213


The Department of Public Health of the State of Massachusetts is in charge of the State aided cancer clinics throughout the State. They pay the bills, certify the appointments and set the rules. They also run the Cancer Hospitals at Pondville and Westfield. All this is under the charge of the Commissioner of Health in our State.

At the Springfield Hospital we have a State aided cancer clinic set-up by a local medical group with headquarters at the Springfield Hospital. This hospital with the Mercy and the Wesson Memorial furnish the staff in their turn for a Friday Diagnostic clinic at 4 p.m. in the afternoon held at the Springfield Hospital. Fund for this clinic are provided by the State on a point system which at the end of the year determines how much of the money available in the State goes to this clinic in Springfield. The balance of the expenses of this clinic is paid for by the Springfield Hospital.

Holyoke and surrounding town are eligible for service at the clinic but do not use it. They could also set up one of their own if they chose to. A letter from a doctor is not necessary for application to this clinic, but to all practical purposes most patients get to this hospital clinic through the agency of a family physician. People discharged from the Westfield Cancer Hospital come to this clinic for a follow-up and about 25 per cent of the people who go through this clinic have cancer. This clinic is run by a local clinic committee.

At the Westfield Cancer Hospital it is necessary to have a letter from a physician for a patient to be received for diagnosis or treatment.

The State of Massachusetts also runs an educational program in charge of Dr. Lombard. He has local committees

(Continued on Page 6)


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## Safety First

President Truman's demand for a national health program in his recent message to Congress was hardly unexpected in view of the ideas he has expressed previously on this subject. There is no doubt that some form of health insurance on a national scale will sooner or later be established whether the medical profession likes it or not. It is a trend of the times and merely another indication of our deteriorating civilization.

We prattle on and on about social progress. We now insure ourselves, unless of course we are in the private practice of medicine, on a national level, against growing old. Likewise some of us insure ourselves, on a national level, against losing our jobs. Very likely, before long, many of us will be insured on a national level against getting sick. By means of labor unions some insure themselves against getting fired for incompetence or laziness.

In other words our social philosophy has evolved to the point where we are saying in effect: let's have no more of this nonsense about life, liberty, and the pursuit of happiness; let's not fret about this freedom of worship business; let's not get excited about taxation without representation. We go to look at the sacred documents on the Freedom Train largely because we are charmed at the quaint ideas our fore-fathers had. We had progressed beyond all that history book stuff. We are becoming socially secure. To hell with this stuff about the land of the free and the home of the brave. We want to be safe — *safe* — SAFE.

Of course it is true that a complex civilization such as we have now is an entirely different proposition from the frontier, and it is only natural that our democracy should become more complex. But it is also true that we are turning over personal responsibilities to governmental agencies to such an extent that we are trading in our freedom for security. The trouble is, it's a poor swap. In the past decade we learned conclusively that there is no victory in defensive war, but in the struggle for existence we are now all trying to get into the same bomb-shelter. Whatever the price, be it personal achievement, or individual initiative, or the privilege of self-reliance, or any of the other evidences of resourcefulness that in the past have been looked upon as virtues, these must be tossed into the kitty so that we may all have the opportunity of huddling in miserable security behind a social Maginot Line. And miserable it is, too. When men lose faith in themselves it doesn't make much difference whether they put their confidence, instead, in blocks of concrete or in bureaucracy — when the assault comes, the timid meet disaster.

## P. G.

*To the Editor of the* HIPPOCRAT:

As you know the Hampden District Medical Society has been running a three months post-graduate course in Cardiology which meets at the Springfield Academy of Medicine from 10 to 12 A.M. each Friday. Total registration for this course is 41 and the attendance averages approximately 35. This course has been ably presented by Drs. Naurison, Steele, Macaulay, Millman and Johnson under the chairmanship of Dr. Naurison. The committee in charge believes that this course has been very successful in meeting a medical need in this community. In behalf of the Society the committee wishes to take this opportunity to express its appreciation to the above named Doctors for the work

COMPLIMENTS
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that they have done.

On Friday, Jan. 23, at the usual time and place, a three months course in Gynaecology will begin. It should be emphasized again that this course is open to all practising physicians. Gynaecology is under the Chairmanship of Dr. Edgelow who will be assisted by Drs. Loring, Barney, Stusick, Fortin, Ashton and Sanderson. These men have already met a number of times and have arranged an excellent program, copy of which is enclosed.

Because the registration fee of $10 for the previous course proved to be more than sufficient, we are able to offer this one without any charge to those who took the Cardiology. A fee of $10 will be charged to new registrants.

Signed DR. J. L. SMEAD,
*Post-graduate Chairman,*
*Hampden District.*

Following is schedule of our next course.

Outline of course in Gynaecology to be given at The Academy of Medicine, 20 Maple St., Springfield, from 10 to 12 on Friday mornings, beginning Jan. 23, 1948.

1. JAN. 23, 1948

(a) Introductory Remarks by the Chairman of the course
DR. A. F. G. EDGELOW

(b) Anatomy and Physiology Gynaecological Examination Methods
DR. R. E. LORING

2. JAN. 30, 1948

Gynaecological Diagnostic and Treatment Methods
DR. A. P. BARNEY

3. FEB. 6, 1948

External Genitals and Vagina, with Relaxation and Fistulae and Uterine Displacements
DR. S. S. STUSICK

4. FEB. 13, 1948

Inflammatory and Metabolic Disturbances of the Uterus
Non-Malignant Tumors of the Uterus
DR. F. F. FORTIN

5. FEB. 20, 1948

Malignant Disease of the Uterus
DR. R. E. LORING

6. FEB. 27, 1948

Pelvic Inflammation, Miscellaneous Affections: Tuberculosis, Extrauterine Pregnancy
Malformations of Pelvic Organs Endometriosis
DR. F. F. FORTIN

7. MAR. 5, 1948

Diseases of the Ovary, Benign and Malignant
DR. PAUL ASHTON

8. MAR. 12, 1948

Menstruation and its Disturbances. The Menopause
DR. A. P. BARNEY

9. MAR. 19, 1948

Inter-relation of Obstetrics and Gynaecology. The Rh Factor
DR. PAUL SANDERSON

10. MAR. 26, 1948

The Endocrines and Gynaecology. Infertility
DR. PAUL ASHTON

11. APRIL 2, 1948

Operative Clinic at the Springfield Hospital

12. APRIL 9, 1948

Question and Discussion Session at the Academy of Medicine, with all Instructors present

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# Medical Ethics

Most commendable is the summary forwarded to all physicians concerning the code of ethics of the Massachusetts Medical Society.

Most commendable because it was for-

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warded to *all* physicians.

Having become a member does not guarantee ethical conduct and having a good reputation might influence one to do his own interpreting.

Let's summarize the summary.

"You shall be required to regard the welfare of your patients as taking precedence over your own comfort or your financial or other material gain."

Have you ever allowed your comfort, financial or material gain to take precedence over the welfare of your patients? Do you duck night calls and house visits, or leave them for the "unaccepted", or "more ethical members" to care for? Do you first say, "Look here!" "Who is going to pay for this operation?"

"They shall receive at your hands thorough examination and sympathetic treatment of their ills. You shall make due allowance for their peculiarities."

Do you welcome muddy laborers shoes in your office? Examine them with the same extra tests that the wealthy receive? Ball them out instead of drooling as you might with the well-to-do? Give them your best or just enough to satisfy them?

"The seal of secrecy shall govern your relations with them to be broken only in accordance with the civil law of the Commonwealth or on the direct order of the civil authority."

"Their ailments, therefore, shall not be the subject of gossip."

Ever confidentially spill, or welcome, a little gossip about patients?

Does this apply equally to doctor to doctor gossip?

"You shall encourage sound medical learning as the sine qua non of good medical care and as a corollary of this you shall distinguish between legitimate medicine and quackery and have no part or interest in the development or distribution of secret remedies."

Do you let down your friends in favor of a better fitted man in hospital appointments? Is it always the best internist who gets your cases ignoring your best surgical feeders?

As to secret remedies, do you dispense your own drugs allowing a moderate "markup" for overhead?

"You shall call attention to your professional qualifications only by the performance of work well done."

In staff room or cocktail party is your, or your wife's, discussion relative to unusual cures a matter of medical education only?'

"You shall not seek professional advantage at the expense of a fellow practitioner. Honor and courtesy shall govern your relation with him."

Is this the golden rule, or a game of "give-away" — never heard of him — one of the younger men — a good boy — are other means of damming with faint praise. Honor and courtesy — skin deep, or deeper?

"You shall not by actual act or by innuendo seek to divert another's patient to yourself."

Do social contacts come under this heading? If so, a lot of innuendoing goes on.

"The practice of fee splitting is forbidden in any guise whatsoever."

How far can, or does, one go to escape that word "guise". Do you know what I mean?

"It will be your obligation to contribute your time and energy to the end that the Massachusetts Medical Society may continue to represent the ideals of the medical profession."

That is the purpose of this summary of a summary.

A COUNTRY DOCTOR.

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Cordially yours,
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*Commissioner of Public Health.*

## The Nursing Shortage

Our esteemed editor Fishbein of the JAMA has incurred the wrath of the American Nurses Association for stating that more practical nurses afford a solution to the nursing shortage. For the head of this Association retorts that a practical nurse is no more a substitute for a trained nurse than one who has taken a first aid course is a substitute for a doctor. We'll let that one pass. It is fair enough to state however that both the American Medical Association and the American Nurses Association are at fault that conditions have reached the present demoralized state. The doctors first interest is in his patients and when there are no hospital beds available, and no trained nurse to go into the home, not to speak of $70 per week for a 12-hour stretch, a practical nurse becomes an answer to prayer. That brings up a highly controversial question to wit: how much training is required to make an efficient nurse? A large and increasing percentage of illness is chronic in type where no special knowledge is required, the essentials being patience, tact, skill in preparation of the tray and fidelity in carrying out the doctor's orders. But everyone of us has had to be satisfied with practical nurses on some very acute cases and both the family and doctor have been more than pleased with the results. We hardly dare say it but do we need such highly trained nurses as the present training school curriculum turns out? Frank Lahey expressed himself vigorously not long ago on this subject stating that many of the subjects which were required in order to receive the coveted R.N. had nothing whatsoever to do with nursing.

Don't forget that during the war by an intensive course of six months, we turned out some wonderfully good army corpsmen for the hospitals overseas. We don't mean to imply that six months are enough to make a good nurse, but we do mean that the present three years are unnecessary and that the training period of fourteen months for nursing attendants or practical nurses, can also be shortened. Graduate courses can be offered the R.N. who wishes training in special subjects. Another thing which would help to make the profession of nursing more attractive is payment for services rendered while in training, in addition to providing maintenance, uniforms and text books. The days of apprenticeship have gone and a money inducement is necessary to interest young women in the profession of nursing. If the Mass. General, and the Eye and Ear Infirmary can afford to train and pay nursing attendants up to $143 per month plus maintenance, with pay from the day of employment, surely those who are taking the full training course should receive equal consideration.

Another thing we need is an accurate listing of all the practical nurses on call and all the nursing homes with available beds. A registry where this information is kept up to the minute would be invaluable. On the whole it is the doctor's job to do more than complain of the nursing shortage.

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**Cancer** Continued from Page 2)

known as the Co-operative Cancer Control Committees composed mostly of lay people. It is constantly urged that each community have one of these committees. The secretary of this committee in Springfield is now Mr. McCurda, who is also secretary to the Hampden County Tuberculosis Society. This Cancer Con-

trol Committee in Springfield has been going for 20 years. This committee is concerned in giving talks on cancer and other publicity of the same nature. No money from the office of the Commissioner of Health is now available for this committee.

Except for Massachusetts, the entire remainder of the country has its educational work done by the American Cancer Society for which money was collected last year. In this area this society contributed an X-ray treatment machine for local use.

It is interesting to know that $25,000 a year of Federal funds is appropriated to each of our three medical schools for the teaching and investigation of the cancer problem.

To refer to the American Cancer Society again, forty per cent of money collected goes to the national organization which devotes its money to fundamental research and attempts to corrolate the many different fields into which this research extends itself.

Sixty per cent of the money collected from this American Cancer Society program remains in the State and is dispensed under the direction of a Board of Directors, 2/3 of whom are doctors. This Board of Directors usually follows the recommendation of its professional committee of doctors of whom Dr. Charles Lund is chairman. Most of this State money goes for research in Massachusetts and among other things it has paid for the vaginal smear work done in this State. Part of the money is set aside for relief in cases where no other funds are available and Miss Dickson at the Springfield Hospital has the dispensing of that money here. Last year over $15,000 was collected in Springfield alone for this A.C.S. fund.

Now to get back to the report of the Cancer Committee. They are recommending that the Massachusetts Medical Society give its blessing to a cancer *detection* clinic at the Palmer Memorial Hospital which if approved will be one of 400 already established in America. It will not be necessary for a doctor to send a patient to this clinic; anyone can walk in, but after diagnosis is made the patient will be referred to his family physician with recommendations for treatment. This clinic is for the patient who considers himself well. The clinics already established are for the patients who think they have cancer, or have it. If private funds were available for this sort of work there might be some question of our endorsement of public funds being used, but certainly there is no such source of funds and it seems to us that it is proper and fitting that we should endorse this with the probability that public funds available be used for the work. This phase of the cancer problem is new in Massachusetts. It is not competitive in the cancer field here.

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The Journal of The American Society of Anesthesiologists, Inc.
November 1947

Young anesthetists trained in modern technics are being solicited by hospitals for employment at attractive salaries. In some instances former anesthetists in these hospitals are being replaced when they are unwilling to change from a fee basis of payment to a full time salary. Hospital management is doing this with the aid of and possibly under pressure from the Blue Cross.

These changes should be examined in the light of the basic fact that an anesthetist is a practicing physician. He assumes charge of a clinical department of the hospital. To function adesuately he must be a member of the staff.

If all members of the staff are chosen by the lay board without preliminary nomination by the professional staff, and if for their hospital services they are all paid salaries without reference to profesional staff opinion, we shall expect lay control of professional work to extend still further with detri-

COMPLIMENTS
**T. P. Sampson**
Springfield

mental effect on the quality of medical care.

It behooves a young anesthetist to ask himself if he wishes to be an employee of the hospital administration, relying on himself alone to bargain with his employer concerning salary and conditions of employment. Would it not be well for him to insist on being nominated by the staff each year as are other members of the professional staff?

Whether payment for services is by salary or by fee is not so important. The whole staff can and should be in a position to see that payment is adequate, and that conditions of service are such as will render the patient the highest type of medical care.

The medical profession has ample cause to distrust the present powerful drive for active lay control of professional incomes. Our younger physicians should be cautious that they do not sell their birthright for a mess of pottage.

James Raglan Miller, M.D.
Hartford, Conn.
President of Connecticut State Medical Society — Member of Board of Directors, A. M. A.

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Note:

We reprint herewith the comments of our Nutmeg neighbor, President Miller, anent the perennial problem of the anesthetists. It is not unlikely that the Blue Cross will adopt the Rhode Island plan of omitting this specialty from the special services to be offered in the new contracts. Quite a number of member hospitals have voted for this suggestion. Hence, the solution will rest on the laps of the administrators and the anesthetists themselves. —Ed.

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## Winter Meeting

The winter meeting of the Hampden District Medical Society will be held Tuesday evening, January 27, 1948, at the Hotel Highland, Springfield.

Dinner is scheduled for 7 P.M. and will be preceeded by an informal "social hour."

Guest speaker will be Dr. George W. Thorn, Hersey Professor of the Theory and Practice of Physic, Harvard Medical School; and physician-in-chief, Peter Bent Brigham Hospital, Boston. His subject is "Treatment of Renal Insufficiency."

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The following members were admitted to Hampden District December 4, 1947:

Joseph Bernstein, Springfield
Bernard Bloom, Springfield
John A. Burke, Holyoke
Raymond Conway, Holyoke
Donald Egan, Springfield
Edward Halton, Holyoke
Roger Hebert, Springfield
Frank Jordan, Springfield
Philip Keitlen, Springfield
Samuel Potsubay, Holyoke
Joseph Pendola, Longmeadow
James Visconti, West Springfield
Norman Yosko, East Longmeadow
Joseph Zielinski, Holyoke

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Quotation from an issue of THE AXONE, a news bulletin edited by the students of the Philadelphia College of Osteopathy:

"Try our cough medicine—you can't get better!"

## Private Practitioner

"The White House reiterated today that Brig. Gen. Wallace Graham will remain as President Truman's personal physician, despite disclosure of his profitable speculation in food stuffs" —News item.

My name is General Graham and my patient's feeling fine,
I can put away my castor oil, my pills and iodine.
I do not have to worry over Presidential sneezes,
I shall just call up my broker and I'll make some dough b'Jeezes.
I don't know how they do it, but it seems they buy and sell,
And very soon my bank account begins to grow and swell.
These brokers, they are funny chaps, they're always writing notes.
They tell me that I'm buying wheat or that I'm selling oats.
I always thought that corn and rye were something meant to drink,
But brokers talk of bushels, so I don't know what to think.
Now this is just the job for me. There's nothing here can harm me.
I never had it half so good before I joined the army.
There goes the phone — it's Harry. My God, he's got the flu!
I guess I'll call my broker up and ask him what to do.

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When you get what you want in your struggle for wealth
And the world makes you king for a day
Then go to the mirror and look at yourself,
And see what that guy's got to say.

*Anon.*

Absorbine Jr.

"All my life I have been planning and hoping and thinking and dreaming and loitering and waiting. All my life I have been getting ready to begin to do something worth the while. I have been waiting for the summer and waiting for the fall; I have been waiting for the winter and waiting for the spring; waiting for the night and waiting for the morning; waiting and dawdling and dreaming, until the day is almost spent and the twilight close at hand."

From "Farmington"
by Clarence Darrow

## The Nervous Doctor

Continued from last issue

When the family insisted on consultation he became so indignant that he was on the point of withdrawing from the case, when the family beat him to it. The neurosurgeon cured the headache in a few weeks.

None of the usual descriptions of these men are strictly applicable. The simple fact is that these four physicians all had one thing in common—fear. The surgeon with the axillary abscess knew only too well the complications both to the patient and himself. He relied enough on his professional skill to protect his patient — but his secret fear of what might happen to his bread and butter arm and its owner had to be suppressed. It was this fear which led him to "whistle in the dark" and pretend the abscess wasn't of any consequence.

Dr. X in his younger day would never have tolerated prima donna tactics even in himself. His standards of perfection had become so high that anything that threatened them was a menace to his peace of mind. The neurotic person is inevitably an immature one.

Dr. Y's subjective appeal for the lovely damsel couldn't possibly admit the suspicion that she might be anything less than the exponent of virtue which he

# BACKGROUND

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wanted her to be. It wasn't that he didn't KNOW any better — he just didn't WANT it to be so. The fact that he did not have the grace to admit his error later is merely another indication of his immaturity, i.e. his insecurity —his fear of being wrong.

Dr. Z was in much the same boat as Dr. Y. Moreover he had gotten into some bad habits. If the motto "Physician Heal Thyself" is applicable to the Nervous Doctor, then we must remember that psychiatric therapy must begin with the physical and neurological examination. By the way, how long since you've had yours?

The numerous compulsions which drive the average physician are so deeply rooted that he often doesn't know how to relax at all, even when he can. This paper, for instance, was promised and started a month ago but was put off because of more pressing duties. It is being finished—at the beach!

Some of our worst tyrants are the telephone bell, the laboratory reports, the fever chart, the record librarian, vital statistics (both diagnostic and post-mortem), house calls, examining boards, hospital appointments, medical societies, and the inevitable studies that are required if we are to avoid forgetting too much in too short a time. All these are quite apart from the ordinary problems of livelihood and family life, at which the good doctor is obviously expected to be an expert if he is to be of much use to his patients.

One of the chief obstacles to the adequate management of the Nervous Doctor is the compulsion to keep his complaints to himself. The easy access to sedatives, antacids, cathartics and antispasmodics makes the task even more complicated, for frequently such medication produces prompt relief. Moreover, by the time the effect of the drug has worn off, the chief emotional frustration that produced the distress may likewise have passed. Then the dactor naturally applies the doctrine of "post hoc ergo propter hoc."

**Continued in next issue**